

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/566 999  
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.	IND.	DEP.	IND.		IND.		DEP.	IND.	DEP.	IND.	
	1			2		3		4		5		6		7
TOTAL IND.				2										
TOTAL DEP.				10										
TOTAL CLAIMS				12										

BEST AVAILABLE COPY